



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4175

SERIAL NUMBER 10/689,455	FILING DATE 10/20/2003  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. CCF-6352NP
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

Jurgen Luders, Cleveland Heights, OH;  
Imad Najm, Broadview Heights, OH;  
Hans O. Luders, Cleveland Heights, OH;

\*\* CONTINUING DATA \*\*\*\*\*  
This appln claims benefit of 60/420,079 10/21/2002 *DR 2-17-06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*DR 2-17-06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 02/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Adam R. Rosta</i>	INITIALS <i>DR</i>		

Verified and Acknowledged

ADDRESS  
26294  
TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.  
1300 EAST NINTH STREET, SUITE 1700  
CLEVEVLAND , OH  
44114

TITLE  
Electrical stimulation of the brain

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
-----------------------------------	---	--

	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Credit